

*Our Lady of Mercy National School
Stradbally, Co. Waterford*

X42 D867

Telephone/Fax: 051 293336

Roll No. 13020 D

www.ourladyofmercyns.ie

ourladyofmercyns@gmail.com



Enrolment Form

Child's Name: _____ **Name in Irish** _____

Date of Birth: _____ **Religion** _____ **PPS No:** _____

Address: _____

Postcode: _____ **Email:** _____

Mother's Name: _____ **Father's Name:** _____

Tel No:/Mobile No: _____ **Tel No:/Mobile No:** _____

Work Nos: Mother: _____ **Father:** _____

Mother/Father's Address if different from child: _____

Other siblings in our school: _____

Family Doctor: _____ **Address:** _____

Tel No: _____ **Please give details of any relevant medical history.**

Please give names, address and phone numbers of two people (in case of emergency, if parents or guardians cannot be reached).

1. _____ **Relationship to child:** _____ **Mob:** _____

2. _____ **Relationship to child:** _____ **Mob:** _____

Details of previous school/preschool attended: Name of School: _____

Address: _____ **Tel No.** _____

Copies of your child's Birth and Baptismal certificates must be submitted with this application and will be returned to you.

I hereby apply to have my child enrolled in this school and I undertake to support school regulations and policies.

Signed: _____
Parent/Guardian

Date: _____